

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0024936213** File Number: **0000081125** Submit Date: **09/10/2019** Call Sign: **WZFL** Facility ID: **189556** City:

ISLAMORADA State: FL

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 09/10/2019 Filing Status: Active

## General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WZFL EEO 2019
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

### Licensee Information

#### **Licensee Name, Type and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
ZOO COMMUNICATIONS, LLC Doing Business As: ZOO COMMUNICATIONS, LLC	250 NW 23RD STREET UNIT 204 MIAMI, FL 33127 United States	+1 (954) 683- 3000	vincent@headroomlimited. com	Company

### Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Aaron P Shainis FCC Legal Counsel Shainis & Peltzman, Chartered	Aaron P. Shainis 1850 M ST. NW Suite 240 Washington, DC 20036 United States	+1 (202) 293-0567	aaron@s-plaw.com	Legal Representative

### **Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
189556	WZFL	ISLAMORADA	FL	No

### Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes

Certification Question Response

trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	09/10 /2019
Certified Title	Member
Authorized Party Name	Marco Mazzoli

The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner,

### **Attachments**

No Attachments.